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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/971,315 10/04/2001 PAT 6,604,004
 which is a DIV of 09/475,580 12/30/1999 PAT 6,321,121
 which is a CON of 08/749,723 11/15/1996 PAT 6,073,052

** FOREIGN APPLICATIONS *****

NO

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 10/30/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 3	TOTAL CLAIMS 74	INDEPENDENT CLAIMS 10
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Device and method for treatment of gastroesophageal reflux disease

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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